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ABSTRACT

The paper describes the collaborative technique used by a school-based team of general and special educators, called a Student Assistance Team (SAT), to serve mainstreamed students and other unidentified "at risk" students in the regular classroom in a timely and efficient manner. The SAT referral process has five steps: teacher requests a consultation with the SAT; teachers' concerns are prioritized; possible resolutions to the concerns are brainstormed; an intervention is designed; and a follow-up consultation is subsequently held. Interventions are designed to meet the needs of the student(s) in a variety of ways. Some interventions are directed toward whole-school concerns, while most interventions target individual students. Some involve referrals to other agencies. Evaluation shows that use of the SAT approach has decreased the number of referrals for special education services and the number of "No Exceptionality" classifications. A form outlining procedures for conducting SAT meetings and an intervention plan form are appended. Includes five references. (JDD)

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EFFECTIVE COLLABORATION:

THE STUDENT ASSISTANCE TEAM MODEL

Presentation For The 68th Annual Convention Of

The Council For Exceptional Children

Toronto, Ontario, Canada

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Abstract: The collaborative technique used by a school-based team of general and special educators to serve mainstreamed students and other unidentified "at risk" students in the regular classroom in a timely and efficient manner will be presented. Student Assistance Teams (SAT) were shown to decrease the number of referrals for special education services and to decrease the number of "No Exceptionality" classifications. An explanation of the SAT concept, a role play of a SAT meeting, and a discussion of SAT-designed and implemented interventions will be included. Handouts will be provided.

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Effective Collaboration:

The Student Assistance Team Model

The combined expertise of Student Assistance Team (SAT) members empowered teachers to solve many problems that were in the past left to the "experts". No longer were teachers expected to depend on support personnel (psychologists, social workers, etc.) as the only source for problem resolution. Teachers were in daily contact with the students and were therefore a logical part of problem resolution. Frequently, the nature of special education evaluation did not provide practical advice for serving the "identified" student in the regular classroom. No support was provided to the teacher for whom a student had been identified with "No Exceptionality". When a teacher made a referral to the school's SAT, she left the meeting with an intervention that could be immediately and practically implemented in the classroom using resources available within the school.

The SAT referral process had five steps:

1. Any teacher could request a consultation with the SAT to confidentially discuss any concern she had for a student or students in her class. The SAT consisted of three to five of her peers. The SAT members were knowledgeable of the students and parents in the school, the curriculum, and were respected members of the faculty.
2. During the SAT meeting the referring teacher was questioned on concerns she had for the student. Student strengths and weaknesses were discussed. The referring teacher was asked to prioritize her concerns to determine the one or two problems on which she wanted to focus for intervention planning.
3. All SAT members and the teacher brainstormed possible resolutions to the concern expressed by the referring teacher. From this list of possible resolutions, the teacher selected a solution that she thought was appropriate and could be implemented in her classroom.
4. Based on the referring teacher's selection of solutions, the SAT designed an intervention to meet the needs of the student. The intervention must have been acceptable to the referring teacher since she was usually implementing or monitoring the intervention.

5. A follow-up consultation was made with the referring teacher by one of the SAT members after the intervention had been initiated. The follow-up consultation was usually made within the first three weeks of the initial meeting. If modifications were needed in the intervention, they could be planned at that time.

Phillips and McCullough (1989) have described SAT's in numerous ways:

1. As a "Teachers' Think Tank" to discuss student concerns and come to a resolution for problems. Often times teachers discuss problems in the teachers' lounge, but they seldom come to a resolution for the problem.

2. As a practical framework for collaboration. Three duties were assigned to individual members of the SAT. One member was responsible for record keeping. All "business" of the SAT was recorded on the INTERVENTION PLAN Form. The form listed the specific concerns of the teachers, the list of possible solutions for the concern, described the intervention, and listed the persons responsible for implementing the intervention. Another member of the team was responsible for empathizing with the referring teacher to make her feel more confortable discussing her concern for the student. A third member was responsible for making a follow-up contact with the referring teacher. During the follow-up meeting, the intervention could be changed if necessary. Space was provided on the INTERVENTION PLAN Form to record information from the follow-up contact.

3. As meeting a professional collaborative ethic. Doctors discusss client concerns with other doctors; lawyers discuss case concerns with other lawyers; and businessmen discuss business concerns with business partners. Teachers should have an opportunity to discuss their concerns for students with other teachers, in a productive manner. Friend and Cook (1990) have stated that most of the reserch in educational collaboration has come from research on collaboration in the business field.

SAT's were a very cost efficient means of getting services to students. An average SAT meeting took 30 minutes and cost nothing. The average evaluation for special education services took from 30 to 35 man-hours to complete (Severs and Powell, 1990) and cost $2000+ (Ysseldyke, 1989). Therefore, evaluation time needed to be directed toward students with classifiable special education problems. In working with SAT's, teachers were more efficient at identifying and separating special education problems from general problems. They were beginning to understand that not all problems observed by teachers were identifiable for special education services, as outlined by the Louisiana Department of Education in Bulletin 1508. This knowledge had an effect on decreasing the number of total referrals made for special education services. The following chart shows the percent decrease in the number of referrals made for special education services in Richland Parish:

School	3-yr avg no. of referrals to sp ed	no. of sp ed referrals during yr SAT's were initiated	% decrease in no. referrals to sp ed
RJH	27.7	20	28
D Elem	39	24	38
DJH	25	11	56
DHS	9	2	78
M Elem	38.3	15	60
MJH	16	8	50
St	17	6	57
HR	31.3	20	36

All schools showed a decrease in the number of referrals for evaluation. In working through SAT's to serve students, two variables were observed which contributed to this decrease:

1. Teachers began to service student problems on their own initiative and with the assistance of SAT interventions rather than make an immediate referral for special education evaluation.
2. In serving mainstreamed students, teachers were learning to serve other unidentified students in their classrooms who exhibited similar problems and did not make a referral for special education evaluation.

Each year, two to five percent of the total school population was referred for an initial evaluation for special education services. Of that number, 92% were evaluated, and 73% were placed in special education programs (Ysseldyke, 1989). The remaining 27% were labeled "No Exceptionality". This was the group of students that Graden (1989) referred to as, "Falling off the Normal Curve". Teachers knew the students had problems, but they did not qualify for special education services. This was one group of students targeted by SAT's. Because the student did not have to qualify for services, he could receive services that were feasible within his school building.

As teachers became more efficient identifying and separating special education problems from general problems, not only did the number of referrals for special education evaluation decrease, but the number of "No Exceptionality" classifications also decreased. The following chart shows the percent decrease in the number of "No Exceptionality" evaluations made during the 1989-90 school year in Richland Parish Schools:

School	3-yr. avg no. "No Except" evaluations	no. "No Except" evaluations during yr. SAT's were initiated	% decrease in no. "No Except" evaluations
RJH	3.3	3	10
D Elem	14.6	3	80
DJH	5.6	0	100
DHS	1.3	0	100
M Elem	8.6	3	65
MJH	4	0	100
St	2.3	0	100
HR	4	1	75

Although a referral to SAT was not an automatic consideration for special education services, the results of the SAT intervention helped to determine if the student would be recommended for a complete special education evaluation (Phillips and McCullough, 1989). The intervention implemented by the SAT could be used as the pre-referral intervention if a complete evaluation for special education became necessary. This feature of the SAT program saved a portion of the time required for a complete evaluation.

Interventions were designed to meet the needs of the student or students in a variety of ways. Some interventions were directed toward whole-school concerns. These interventions included: providing a trained group of peer, cross-age and parent volunteer tutors available for teachers to schedule at a convenient time, sponsoring and coordinating Field Day activities, sponsoring an eithth grade graduation, and providing a bulletin board design and assembly service to teachers. Most interventions targeted individual students. These included: matching students with peer and cross-age tutors to remediate specific skill deficits, providing counseling by support and related staff members, providing student readers to tape record reading material to allow low-performing students to do more independent work, charting of grades and behaviors, and monitoring and charting of hygiene practices. Several interventions involved referrals to other agencies. These included: the Marriage and Family Counseling Center of a local university, the community's Family Services Division of Health and Human Resources, and the Mental Health Center.

Feasibility of interventions was critical to the success of the intervention. Phillips and McCullough (1989) have listed several criteria to consider when planning interventions. Consider the:

1. Disruption to the school and classroom schedule.
2. Side effects to the student, his peers, home, and faculty.
3. Availability of support services (social worker, counselor, psychologist, etc.).
4. Availability of funds.
5. Teacher's reaction to the intervention. Does she agree or disagree with the suggested intervention?
6. Time needed to implement the intervention. Will results be seen quickly or slowly?
7. Results of non-intervention. What would happen if no intervention were implemented?
8. Impact to other areas of performance. Will the intervention generalize to other subject areas or behaviors?

Form 1, Steps to Addressing A Referral, outlined the procedure for conducting the SAT meeting. The questioning process to clearly identify and prioritize teacher concerns was included on this form. Form 2 was the INTERVENTION PLAN. This form recorded all comments on the teacher's concern and possible resolutions to the concern. Form 2 was the only paper work involved in an SAT intervention.

Effective collaboration through SAT's was shown to be cost and time efficient in providing services to all students for whom teachers express a concern. SAT's were also shown to decrease the number of referrals for special education services and decrease the number of "No Exceptionality" classifications.

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EFFECTIVE COLLABORATION:

The Student Assistance Team Model

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Addressing A Referral

Prior To The Meeting

Notify referring teacher of meeting date, time, and location
Provide referring teacher with a list of the type of information you will be requesting
Identify the team member roles: Select one member to
- Record information on the Intervention Plan form
- Support and encourage the referring teacher throughout the interview process
- Make the Follow-up contact

During The Meeting

Team Business
Conduct any necessary team business or restricted discussion prior to receiving the first referral

Receipt of Referral
Receive first referral, break ice, establish positive climate
Review purpose of the SAT by stating goals of the session informally; express the need to obtain some basic information regarding the student/teacher's needs before identifying possible solutions

Problem Analysis
Request specification of problem. Have the teacher:
- Describe student/attendance rate
- Describe problem behavior including the frequency and setting in which the behavior occurs
- Describe what events precede and what events follow the behavior
- Describe the effect of student behavior on the rest of the class
- Describe the steps, if any, which have already been implemented to change the behavior
- Describe expectations for student; setting demands of classroom
- Describe how expectations mismatch student performance
- *Describe student strengths*

Paraphrase explanations to seek verification of understanding
List 4 or 5 problem behavior succinctly
Prioritize problem behavior in collaboration with the referring teacher

Decision Rules for Prioritizing:
Consider behavior that is most distressing to the teacher
Consider addressing the behavior for which remediation would result in a domino effect
Consider which behavior might be most easily/quickly ameliorated; key is to give teacher and student a success upon which to build
Consider which problem SAT is most confident about solving

Intervention Design
Brainstorm possible interventions for the number one priority behavior. Consider:
- Antecedents
- Behavior monitoring and feedback
- Consequences

Choose from the list of brainstormed alternatives the four or five most workable solutions to the priority problem
Apply the FEASIBILITY Considerations to prioritize the four or five most workable solutions
Design a written intervention plan in collaboration with the referring teacher. Include:
- Prioritized problems
- Proposed interventions
- Persons responsible
- Plan for follow-up including the exact time for the next interactions with the referring teacher

Closure
Verbally summarize the major points of the session
Retain a record of the team meeting and a copy of the individual Intervention Plan
Identify the person responsible for follow-up

INTERVENTION PLAN

Student Name_____ Date_____

School_____

Teacher_____ Grade_____

Student Assistance Team Members_____

_____

_____

Presenting Problem(s)

1.

2.

3.

4.

5.

6.

*Circle Priority Behavior

Student Strengths/Interests

1.

2.

3.

4.

Brainstorming: Alternative Interventions

1.

2.

3.

4.

5.

Form 2

Intervention Plan | Person Responsible

Plan for Follow-Up

Person Responsible for Follow-Up_____

Results of Intervention:

_____Teacher verified improvement in student performance

_____Teacher observed no improvement in student performance

Comments